



AUTOMOBILE INSURANCE COMPANY		
Premium Notice		
102	Policy #: GB1017-82 Amount Due: \$76.00 Due Date: 7/05/01	
108	Coverage	Description
109	A	Bodily Injury - Liability
110	C	Medical Payments
111	D50	Comprehensive
112	G250	Collision
	U	Uninsured Vehicle
103		Amount
104		37.94
105		8.33
106		43.52
107		62.90
		23.31

Figure 1
(Prior Art)

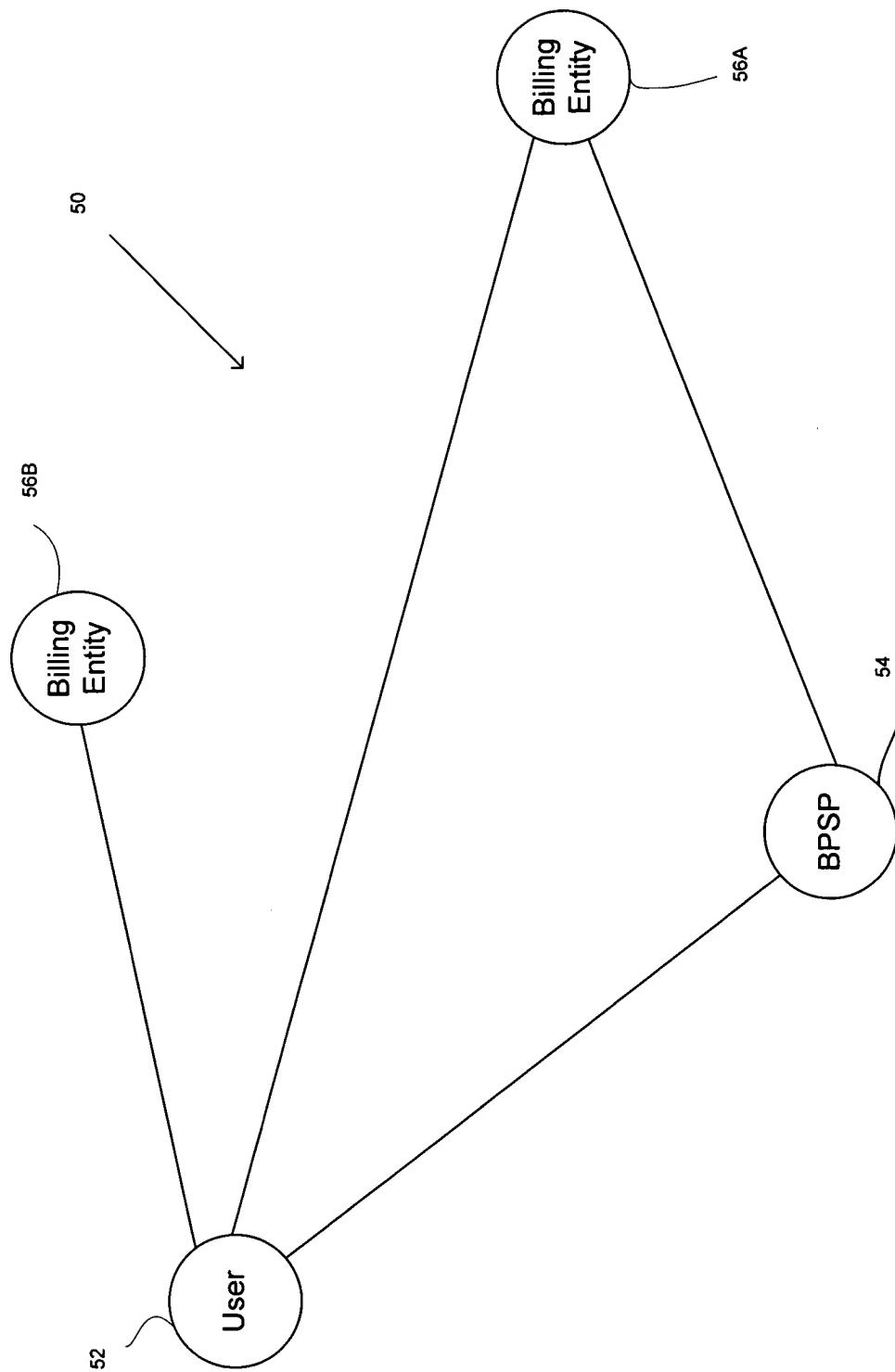


Figure 2

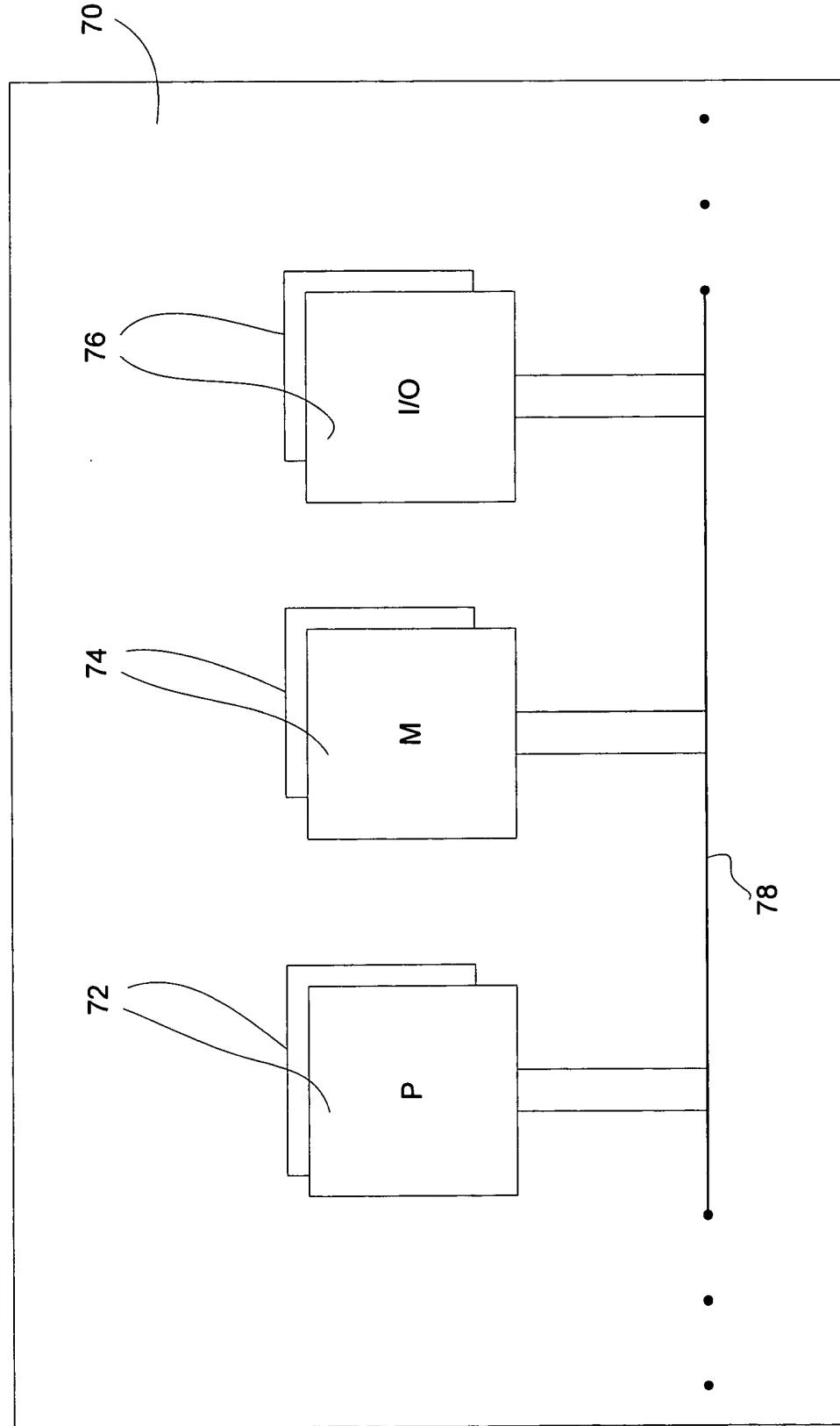


Figure 3



101	AUTOMOBILE INSURANCE COMPANY		
102	Premium Notice		
Policy #: GB107-82 Amount Due: \$176.00 Due Date: 7/05/01		Description	Amount
401	Link 1	Bodily Injury - Liability	37.94
402	Link 2	Medical Payments	8.33
403	Link 3	Comprehensive	43.52
404	Link 4	Collision	62.90
405	Link 5	Uninsured Vehicle	23.31
103	104	105	106
107			

Figure 4A



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AUTOMOBILE INSURANCE COMPANY

Premium Notice Infolink 410

Policy #: GB107-82
Amount Due: \$176.00
Due Date: 7/05/01

Coverage	Description	Amount
108	Bodily Injury - Liability	37.94
109	Medical Payments	8.33
110	Comprehensive	43.52
111	Collision	62.90
112	Uninsured Vehicle	23.31

Figure 4B

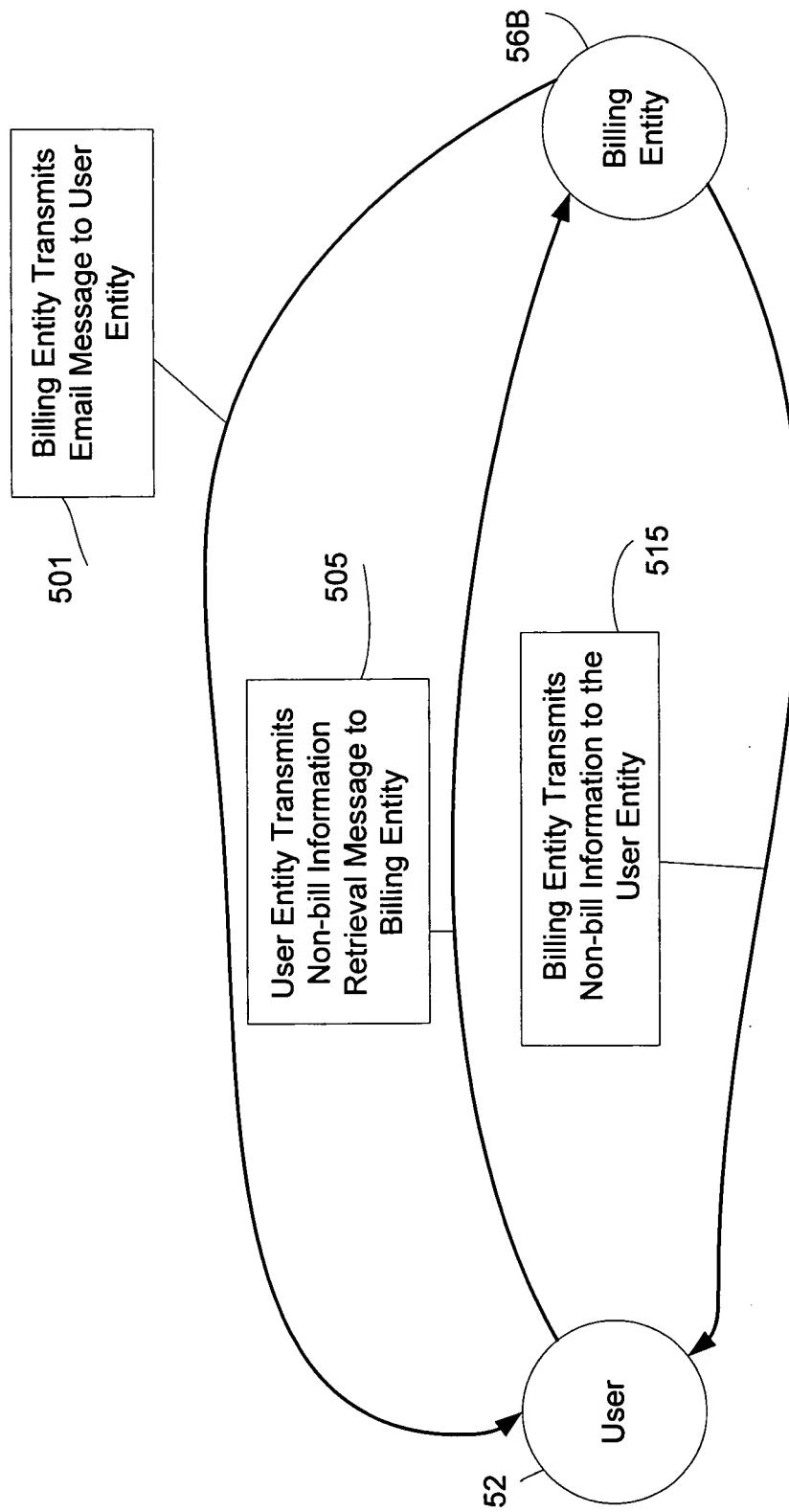


Figure 5

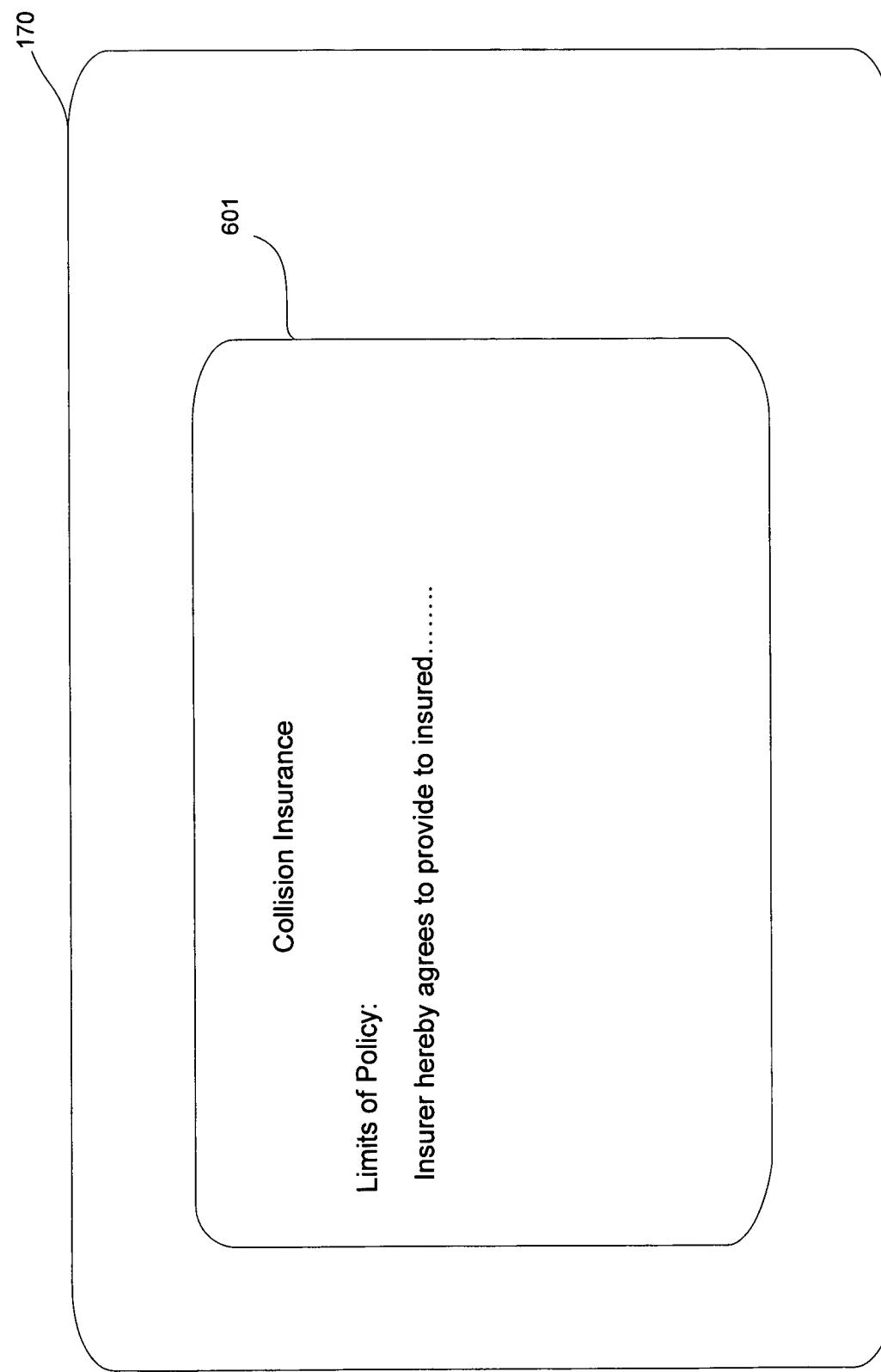


Figure 6

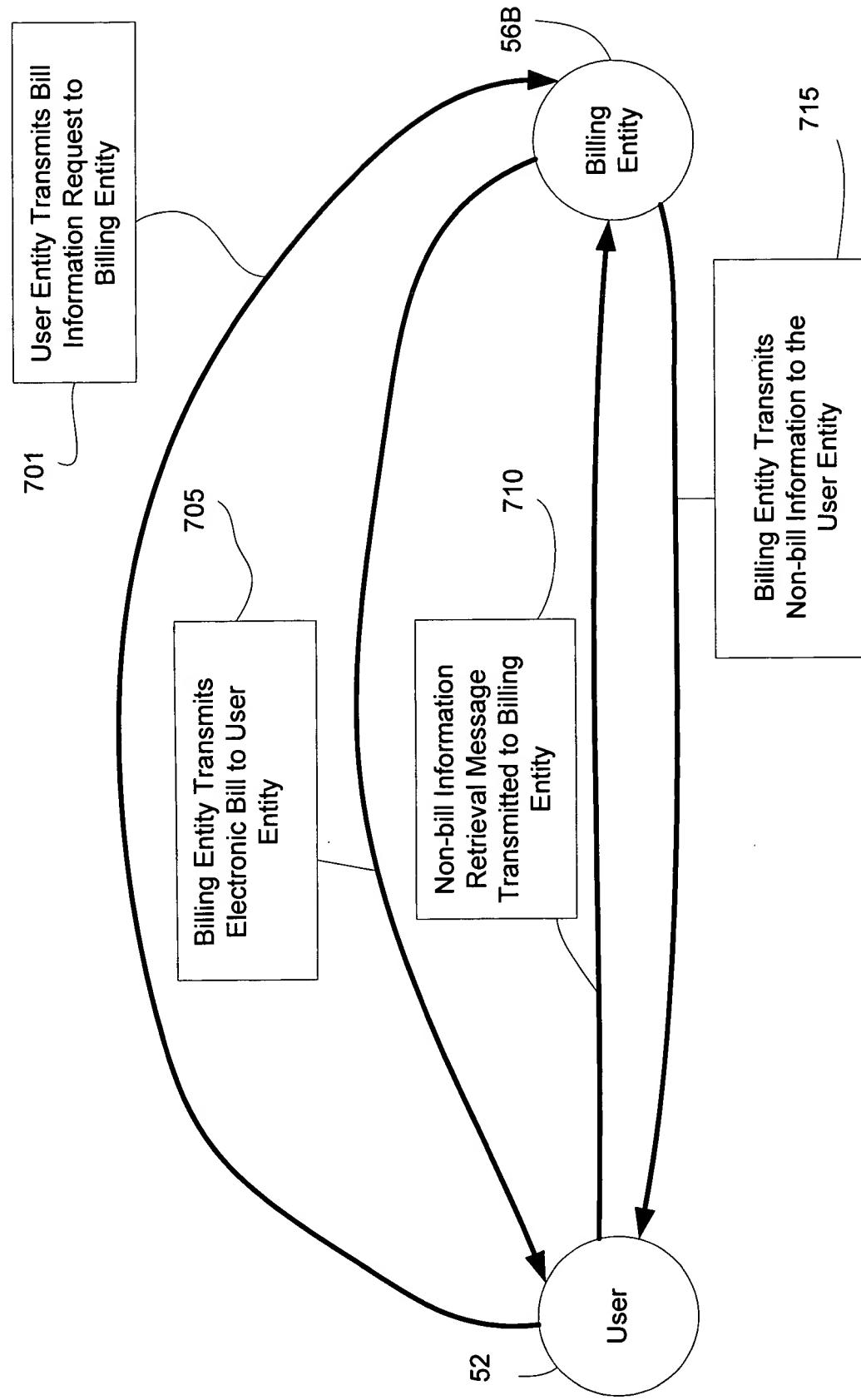


Figure 7

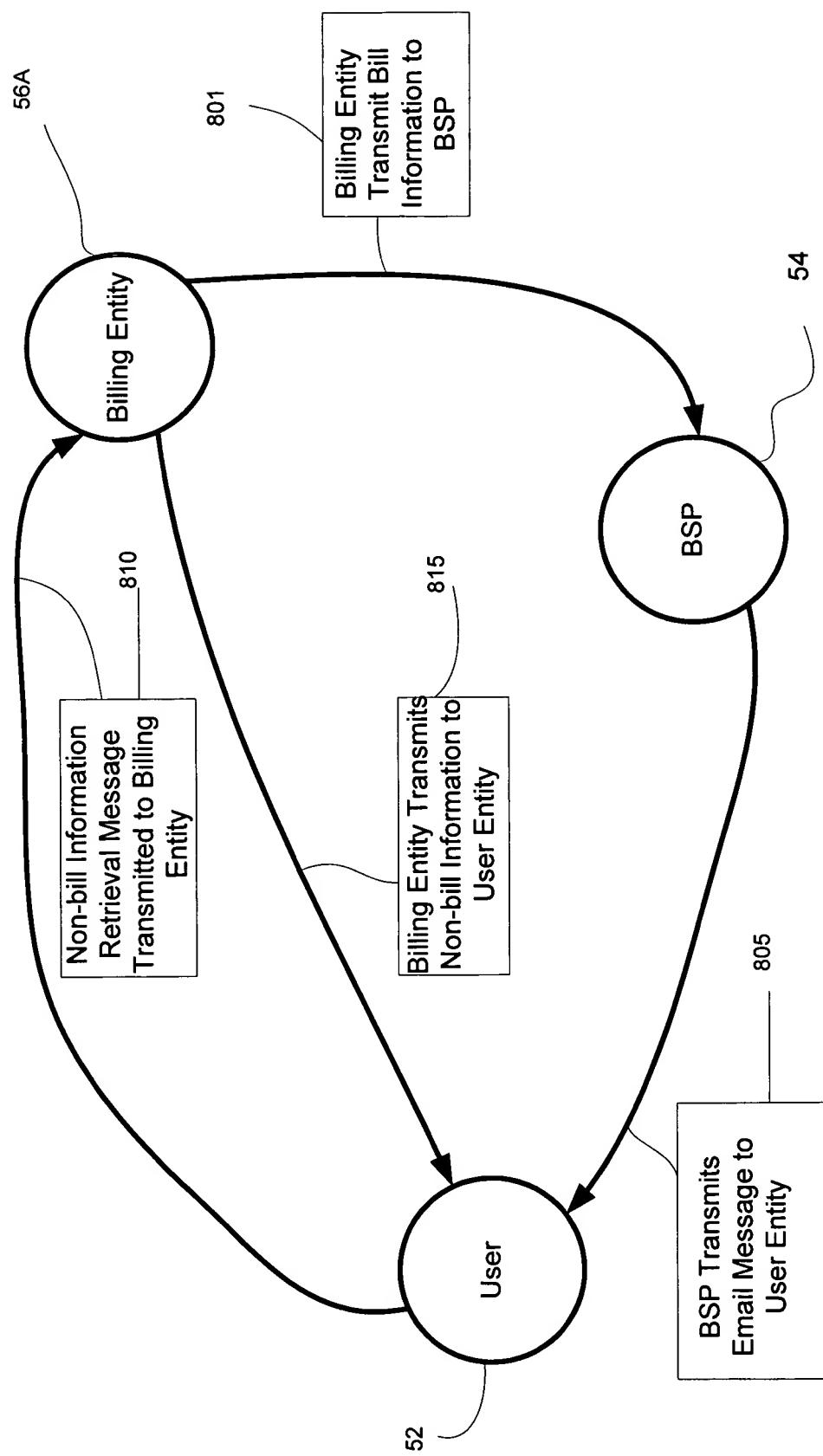


Figure 8

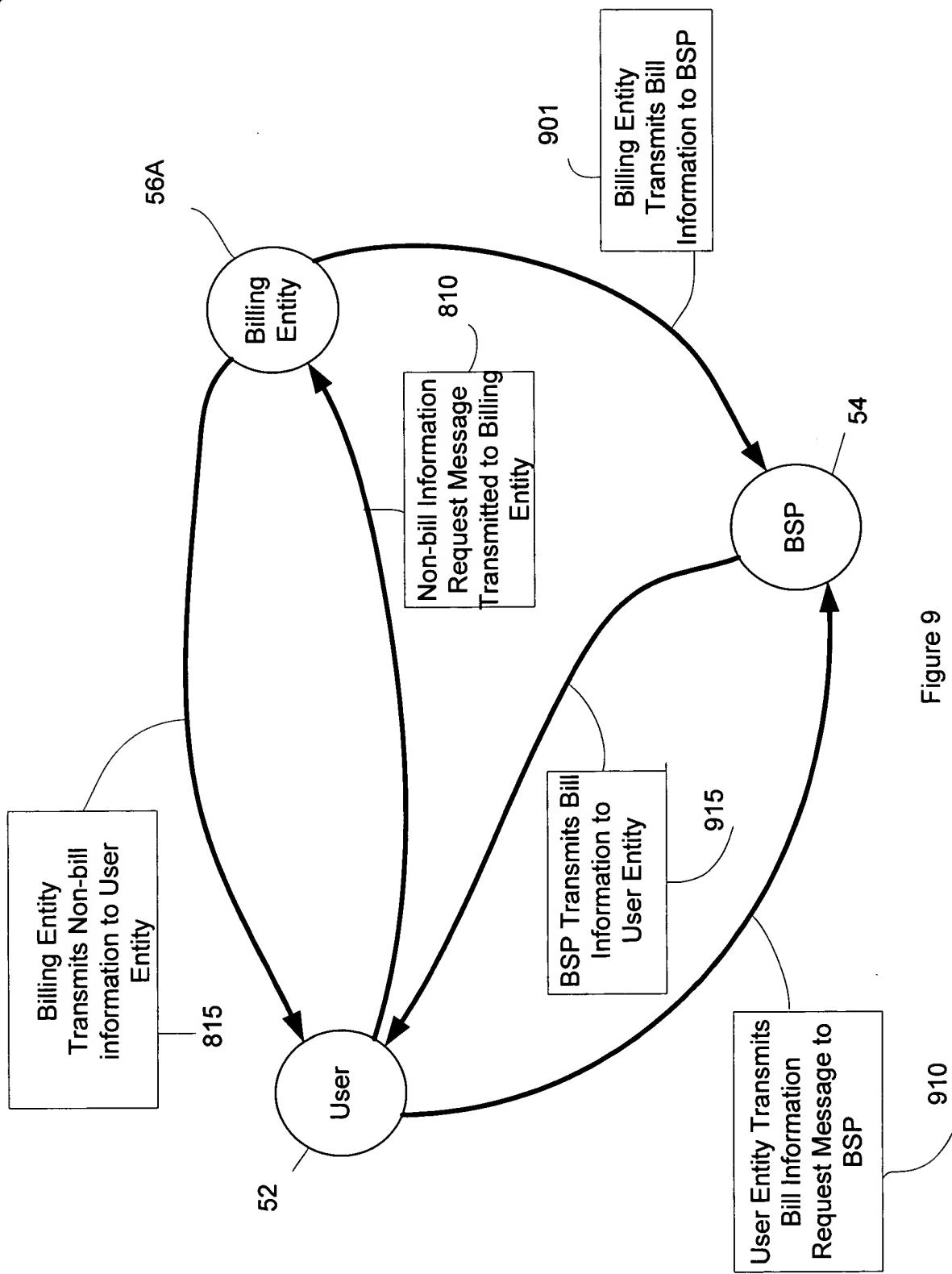


Figure 9